

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 6, 1988

ALL-COUNTY LETTER NO. 88-114

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: MILLER v. WOODS CASE MANAGEMENT, INFORMATION AND
PAYROLLING SYSTEM (CMIPS) INSTRUCTIONS

REFERENCE: ALL-COUNTY LETTER NO. 88-110

The purpose of this notice is to transmit to Counties the CMIPS instructions for the management and processing of claims resulting from the Miller v. Woods court case.

Instructions are attached hereto for the completion of the SOC 293, SOC 311, and SOC 312 for the processing of Miller claims. Field descriptions for these forms have been modified to accommodate the unique nature of the claim process.

Contained in the instruction package is a facsimile of a new Notice of Action form NA 690M (9-88). A supply of these forms will be provided each County in quantities sufficient to process expected claims. Additional copies can be obtained from Electronic Data Systems Corporation, IHSS Unit, 3215 Prospect Dr., Rancho Cordova, CA 95670 (Attn: John Tollefson).

Any questions regarding the management and processing of Miller claims should be directed to Ms. Roberta Christensen at (916) 323-6341.


LOREN D. SUTER
Deputy Director
Adult and Family Services

Enclosures

cc: CWDA

MILLER V. WOODS CASE MANAGEMENT, INFORMATION AND PAYROLLING
SYSTEM (CMIPS) INSTRUCTIONS

This is the first CMIPS automation of a court order using the new Status J for Judgment. The following information is provided to facilitate the use of CMIPS in processing claims. Those parts of the Miller v. Woods judgment process which are automated include:

- o Miller v. Woods Eligibility Determination Worksheet printouts;
- o Notices of Action with "boilerplate" messages including blanks which workers will fill in;
- o Generation of payments to claimants including:
 - withholding of employee/employer taxes when appropriate
 - notifications of monies paid to the claimants at the end of the year paid through a W2 (Wage and Tax Statement) and/or a 1099-INT (Statement for Recipients of Interest Income);
- o County and State reports.

All Miller v. Woods claims must be processed through an IHSS recipient name and number. If there is no open or discontinued case record file, a new case record file must be established. All documents, including CMIPS documents, must be kept in one case record file.

CMIPS SOC 293, SOC 311 and SOC 312:

Some fields on the CMIPS forms will have different definitions and/or codes. Please use the field-by-field descriptions and CMIPS instructions below to assist in compliance with the Miller v. Woods judgment.

Facsimiles of the forms are marked to indicate which fields to complete:

- o The SOC 293 In-Home Supportive Services Assessment will be used to collect all data if the claimant is an applicant/recipient and collect some data if the claimant is a service provider.
- o The SOC 311 In-Home Supportive Services Provider Eligibility Update shall be used to gather provider information necessary for the correct Notice of Action and payment address, tax indicator, claim and supplemental form dates, relationship of the provider to the applicant/recipient and provider NOA codes.

- o The SOC 312 In-Home Supportive Services Special Pre-Authorized Transactions supplemental/emergency section shall be used to authorize an underpayment warrant to an applicant/recipient only.

There will be two new entry screens for the modified SOC 293 and SOC 311. Each of the screens will have field identifiers which will correspond to the field number of the SOC 293 or SOC 311, i.e., Claim Date M2.

- o The screens will be identified as:

SOC 293 - RCPJ

SOC 311 - PRVJ

Miller v. Woods Eligibility Determination Worksheet:

A mock-up of the Eligibility Determination Worksheet printout is attached to illustrate what the document will look like. The three entry screens for the Worksheet will enable entry of the maximum 61 claim months.

Notices of Action:

Notices of Action will be automated but only the original claim date and the recipient's name will be "plugged" in the message blanks. County workers will be responsible for filling in other information and, when necessary, adding additional information onto the Notice of Action. See the attached example for format.

Printing of Documents:

All forms and printouts will be printed at County printer sites. Each of the documents will have a print job number assigned. Paper Counties will have all documents printed at EDS and mailed to the County. The print job numbers are:

- o HIHXRCPJ = MVW - Recipient
- o HIHXPRVJ = MVW - Provider
- o HIHXNOAJ = MVW - Notice of Action
- o HIHXWKSJ = MVW - Worksheet

County and State Reports:

CMIPS will generate all reports including the Quarterly County Statistical Reports which will contain:

- o the number of claims received;
- o the number of claims denied;
- o the number of claims approved;
- o the number of claims pending;
- o the amount of benefits approved.

A final State Report, by County, shall include the following:

- o the number of claimants paid;
- o the total amount of benefits paid;
- o the number of underpayments paid;
- o the total amount of underpayments.

The State will conduct case reviews in the 15 Counties having the largest number of claims over the six-month claim period. Those Counties will be determined by the Quarterly County Statistical Reports.

More detailed CMIPS instructions follow.

SOC 293 - IN-HOME SUPPORTIVE SERVICES ASSESSMENT

A SOC 293 shall be used for all recipient and provider claimants:

- o If the claimant is an applicant/recipient, enter all applicable fields.
- o If the claimant is a provider, enter only those fields that are required.

Field A1 Cnty/Recipient #/CD - Required

Enter the 2 digit county number, 7 digit recipient number and 1 digit check digit, if known.

CMIPS will generate a check digit if the number is unknown.

Field A2 Seq # - Display only

Each Miller v. Woods case will have its own sequence number series.

Field A3 Aid Code - Required

Enter the correct aid code, if known.

If unknown, enter code 60.

- 10 - Aged, general SSI/SSP
- 18 - Aged, IHSS income eligible
- 20 - Blind, general SSI/SSP
- 28 - Blind, IHSS income eligible
- 60 - Disabled, general SSI/SSP
- 68 - Disabled, IHSS income eligible

Field A4 Social Security No. - Required

Enter the correct Social Security number, if known.

If unknown, enter 999 99 9999.

Field A5 Sex - Required

Circle M or F if known.

If unknown, circle F.

Field A6 Birthdate - Required

Enter the birthdate if known.

If only month and year are known, enter MM DD YY.

If unknown, enter 00 00 00.

Field B1 Last Name - Required

Enter last name of recipient.

- alpha/special characters (.,/-) may be used.

Field B2 First Name - Required

Enter first name of recipient.

- alpha/special characters (.,/-) may be used.

Field B3 MI - Optional

Enter middle initial if known.

- alpha/special characters (.,/-) may be used.

C1 Street - Required

Enter current street address/P.O. Box if known

If unknown, enter 0.

C2 City - Required

Enter current city if known.

If unknown, enter 0.

Field C3 ST - Required

Enter current state if known.

If unknown, enter 0.

Field C4 Zip Code/CT - Optional

Enter current zip code if known.

Field D1 Telephone - Optional

Enter telephone number if known.

D4 Guardian/Conservator - Optional

Enter guardian/conservator's name if known.

This field is essential if a claim is made by a conservator/guardian, authorized representative or executor of the estate of a recipient.

E1 Street - Optional

Enter guardian/conservator's current street address/P.O. Box if known.

This field is essential if a claim is made by a conservator/guardian, authorized representative or executor of the estate of a recipient.

Field E2 City - Optional

Enter guardian/conservator's current city if known.

This field is essential if a claim is made by a conservator/guardian, authorized representative or executor of the estate of a recipient or provider.

Field E3 ST - Optional

Enter guardian/conservator's current state if known.

This field is essential if a claim is made by a conservator/guardian, authorized representative or executor of the estate of a recipient.

Field E4 Zip Code/CT - Optional

Enter guardian/conservator's current zip code if known.

Field F1 Status - Required

Enter code J for judgment.

Field M2 Beginning Date - Optional (Original Claim Form)

This field will be used for the date the Miller v. Woods Standard Claim Form is originally received.

Enter the original Standard Claim Form date as determined by MPP 50-018.32.

This date begins the first 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods payment and 15 days to process through CMIPS and mail a Notice of Action.

o An exception to this 45/60 day claim process may be due to a County Transfer. Refer to Field P4 for an explanation of County Transfer and the first 45/60 day claim process.

Field M3 Ending Date - optional (Resubmitted Standard Claim Form)

This field will be used for the date the Miller v. Woods Standard Claim Form is re-submitted.

This date begins the second 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods payment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the re-submitted Standard Claim Form date as determined by MPP 50-018.32.

Field N2 Beginning Date - Optional (Original Supplemental Claim Form)

This field will be used for the date the Miller v. Woods Supplemental Claim Form is originally received.

This date begins the third 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods payment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the original Supplemental Claim Form date as determined by MPP 50-018.32.

Field N3 - Ending Date - Optional (Resubmitted Supplemental
Claim Form)

This date will be used for the date the Miller v. Woods Supplemental Form is resubmitted.

This date begins the fourth 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods payment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the re-submitted claim date as determined by MPP 50-018.32.

Field 02 Ending Date - Optional (Adverse Action Rebuttal)

This date will be used for the date the Miller v. Woods adverse action rebuttal is submitted.

This date begins the fifth 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods payment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the rebuttal date as determined by MPP 50-018.32.

Field P4 County Use- Optional (County Transfer)

This field will be used for the date the Miller v. Woods Standard Claim Form and, if applicable, the Supplemental Claim Form are sent from the first County and received by the second County.

- o There should be no conflict because each County has a separate case file record with its own County recipient number.

First County: Enter the date the first County transferred the Standard Claim Form as determined by MPP 50-018.32.

Second County: Enter the date the second county accepted the transferred Standard Claim Form as determined by MPP 50-018.32.

The second County's acceptance date begins the first 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods payment and 15 days to process through CMIPS and mail a Notice of Action.

Field Q1 D/O - Optional

Enter a 2 digit number if there is more than one district office in your county.

Field Q2 - Service Worker Name - Required

Enter the first name or initial and last name of the service worker.

Field Q3 SW# - Required

Enter the number assigned to the service worker named in Q2.

Field Q4 Service Worker Phone # - Required

Enter the telephone number of the service worker named in Q2.

Field ZZ1 NOA - Display Only

All Notices of Action will be returned to the County for completion of the NOA message(s) - and to attach the computation of wages and interest (or other documents), if applicable - and mailing.

A "C" will be displayed.

Field ZZ2 Rsn.CD. - Optional

Enter the appropriate 800 series reason code(s) -commencing with 830 - when ready to issue a Notice of Action.

Unless the NOA message does not so specify, each Notice of Action begins a 30 day period that must be closely monitored as part of the Miller v. Woods claim process.

Enter reason code 990 when initiating a County Transfer but the first County will retain partial responsibility for validation of part of the claim period(s). Refer to Notices of Action County Transfer procedures for additional instructions.

| | LAST NAME & # | SEQ. # | TOTAL NEED | ADJUSTMENTS | INDIVIDUAL ASSESSED NEED | ALTERNATIVE RESOURCES | AUTH TO BE PURCH | UNMET NEED | COUNTY USE |
|----|---------------------------------------|--------|------------|-------------|--------------------------|-----------------------|------------------|------------|------------|
| AA | Domestic Services | | | | | | | | |
| BB | • Preparation of Meals | | | | | | | | |
| CC | • • Meal Clean Up | | | | | | | | |
| DD | Routine Laundry, Etc | | | | | | | | |
| EE | Shopping for Food | | | | | | | | |
| FF | Other Shopping & Errands | | | | | | | | |
| GG | Heavy Cleaning | | | | | | | | |
| HH | • Respiration | | | | | | | | |
| II | • Bowel and Bladder Care | | | | | | | | |
| JJ | • Feeding | | | | | | | | |
| KK | • Routine Bed Baths | | | | | | | | |
| LL | • Dressing | | | | | | | | |
| MM | • Menstrual Care | | | | | | | | |
| NN | • Ambulation | | | | | | | | |
| OO | • Moving In/Out of Bed | | | | | | | | |
| PP | • Bathing, Oral Hygiene, Grooming | | | | | | | | |
| QQ | • Rubbing Skin, Repositioning, Etc. | | | | | | | | |
| RR | • Care and Assistance with Prosthesis | | | | | | | | |
| SS | Accompaniment To Medical Appointment | | | | | | | | |
| TT | Accompaniment To Alternate Resources | | | | | | | | |
| UU | Remove Grass, Weeds, Rubbish | | | | | | | | |
| VV | Remove Ice, Snow | | | | | | | | |
| WW | Protective Supervision | | | | | | | | |
| XX | Teaching & Demonstration | | | | | | | | |
| YY | • Paramedical Services | | | | | | | | |

F A C S I M I L E

| | NOA. / | RSN. CD. | RSN. CD. | RSN. CD. | RSN. CD. | BEGINNING DATE | ENDING DATE | ADVANCE | MEAL ALLOW |
|----|--------------|-----------|----------------------|----------|----------|----------------|-------------|---------|------------|
| | (1) M C N | (2) / | / | / | / | (3) | (4) | (5) Y N | (6) Y N |
| ZZ | | | | | | | | | |
| aa | MONTHLY HRS. | WKLY. HRS | MEAL HRS. (BB+CC+EE) | MO. HRS. | TOTAL | PURCHASE | UNMET NEED | | |
| | AUTHORIZED. | (1) | (2) * | (3) | (4) | (5) | (6) | (7) | |
| | = | = | x4.33 | = | = | = | = | = | |

SOC 311 - PROVIDER ELIGIBILITY UPDATE

A SOC 311 is to be used in tandem with the SOC 293 for provider claimants.

Field A1 County/Recipient #/CD - Required

Enter the 2 digit County number, 7 digit recipient number and 1 digit check digit.

Field A2 Provider Number - Required

Enter the last 6 digits of the provider's Social Security Number.

Field A3 Seq. # - Display only

Each Miller v. Woods case will have its own sequence number series.

Field A4 Recipient Name - Display only

The recipient name will be displayed on the turnaround document.

On the initial document, you may enter for identification purposes.

Field B1 Last Name - Required

Enter last name of provider.

- alpha/special characters (.,/-) may be used.

Field B2 First Name - Required

Enter first name of provider.

- alpha/special characters (.,/-) may be used.

Field B3 MI - Optional

Enter middle initial if known.

- alpha/special characters (.,/-) may be used.

Field B4 Status - Required

Add a code J - for judgment - and circle the J.

Field C1 Street - Required

Enter current street address/P.O. Box.

Field C2 City - Required

Enter current city.

Field C3 State - Required

Enter current State.

Field C4 Zip Code/CT - Optional

Enter current zip code if known.

Field D1 Social Security # - Required

Enter the correct Social Security Number.

Field D2 Ded/Exempt - Required

Circle the letter that signifies the provider's present tax status:

P = provider is parent

S = provider is spouse

C = provider is recipient's child and under 21

O = other

Field D3 Telephone # - Optional

Enter telephone number if known.

Field D4 Sex - Required

Circle M or F if known.

If unknown, circle F.

Field D7 W-4 - Display only

This field will display a W4 if there is an Employer's Withholding Allowance Certificate (W-4) on file to withhold Federal and State Income Taxes for the provider.

Field E1 County Use- Optional (County Transfer)

This field will be used for the date the Miller v. Woods Standard Claim Form and, if applicable, the Supplemental Claim Form are sent from the first County and received by the second county.

- o There should be no conflict because each County has a separate case file record with its own County recipient number.

First County: Enter the date the first County transferred the Standard Claim Form as determined by MPP 50-018.32.

Second County: Enter the date the second county accepted the transferred Standard Claim Form as determined by MPP 50-018.32.

The second County's acceptance date begins the first 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods payment and 15 days to process through CMIPS and mail a Notice of Action.

Field E2 Rel. of Prov. - Required

Enter the correct code:

- 01 - spouse
- 02 - parent of minor child
- 03 - parent of adult child
- 04 - minor child
- 05 - adult child
- 06 - other relative
- 07 - friend
- 10 - housemate.

Field F2 Beginning Date - Required (Original Claim Form)

This field will be used for the date the Miller v. Woods Standard Claim Form is originally received.

Enter the original Standard Claim Form date as determined by MPP 50-018.32.

This date begins the first 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods payment and 15 days to process through CMIPS and mail a Notice of Action.

- o An exception to this 45/60 day claim process may be due to a County Transfer. Refer to Field E1 for an explanation of County Transfer and the first 45/60 day claim process.

Field F3 Ending Date - optional (Resubmitted Standard Claim Form)

This field will be used for the date the Miller v. Woods Standard Claim Form is re-submitted.

This date begins the second 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods payment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the re-submitted Standard Claim Form date as determined by MPP 50-018.32.

Field G2 - Beginning Date - Optional (Original Supplemental Claim Form)

This field will be used for the date the Miller v. Woods Supplemental Claim Form is originally received.

This date begins the third 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods payment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the original Supplemental Claim Form date as determined by MPP 50-018.32.

Field G3 - Ending Date - Optional (Resubmitted Supplemental
Claim Form)

This date will be used for the date the Miller v. Woods Supplemental Form is resubmitted.

This date begins the fourth 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods payment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the re-submitted claim date as determined by MPP 50-018.32.

Field H2 Ending Date - Optional (Adverse Action Rebuttal)

This date will be used for the date the Miller v Woods adverse action rebuttal is submitted.

This date begins the fifth 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods payment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the rebuttal date as determined by MPP 50-018.32.

Fields F8, G8, H8 (Rsn.CD.) - Optional

Enter the appropriate 800 series reason code(s) -commencing with 800 - when ready to issue a Notice of Action.

o Enter 2 NOA codes per field, if necessary.

Unless the NOA message does not so specify, each Notice of Action begins a 30 day period that must be closely monitored as part of the Miller v. Woods claim process.

Enter reason code 990 when initiating a County Transfer but the first County will retain partial responsibility for validation of part of the claim period(s). Refer to Notices of Action County Transfer procedures for additional instructions.

IN-HOME SUPPORTIVE SERVICE.

PROVIDER ELIGIBILITY UPDATE

| | | | | | | | | | |
|---|--------------------------|------------------------------|------------|------------------------|----------------|-----------------------|--------------------------|--------------------|-----------------|
| A | COUNTY (1) | RECIPIENT # (1) | CD. (1) | PROVIDER NUMBER (2) | SEQ. # (3) | RECIPIENT NAME (4) | | | |
| B | LAST NAME (1) | | | FIRST NAME (2) | | MI. (3) | STATUS (4) E L D X | ETHNIC (5) | LANG (6) |
| C | STREET (1) | | | CITY (2) | | STATE (3) | | ZIP CODE/CT (4) | |
| D | SOCIAL SECURITY # (1) | DED./EXEMPT (2) P S C B O | | TELEPHONE # (3) | SEX (4) M F | MONTH (5) | BIRTHDATE DAY YEAR | W-5 (6) | W-4 (7) |
| E | COUNTY USE (1) | | | | | | REL. OF PROV. (2) | # OF PROV. (3) | RECOVERY (4) |

| | | | | | | | | |
|---|-------------------|-----------------------|--------------------|--------------|-------------------|-------------|--------------------|-----|
| F | ACTION (1) DEL | BEGINNING DATE (2) | ENDING DATE (3) | HOURS (4) | SHARE/COST (5) | RATE (6) | SPLIT SHIFT (7) | (8) |
| G | (1) DEL | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| H | (1) DEL | (2) | (3) | (4) | (5) | (6) | (7) | (8) |

| | | | | | | | | | |
|---|--------------------------|------------------------------|--|--------------------|----------------|--------------|--------------------------|--------------------|-----------------|
| A | PROVIDER NUMBER (2) | | | | | | | | |
| B | LAST NAME (1) | | | FIRST NAME (2) | | MI. (3) | STATUS (4) E L D X | ETHNIC (5) | LANG. (6) |
| C | STREET (1) | | | CITY (2) | | STATE (3) | | ZIP CODE/CT (4) | |
| D | SOCIAL SECURITY # (1) | DED./EXEMPT (2) P S C B O | | TELEPHONE # (3) | SEX (4) M F | MONTH (5) | BIRTHDATE DAY YEAR | W-5 (6) | W-4 (7) |
| E | COUNTY USE (1) | | | | | | REL. OF PROV. (2) | # OF PROV. (3) | RECOVERY (4) |

| | | | | | | | | |
|---|-------------------|-----------------------|--------------------|--------------|-------------------|-------------|--------------------|-----|
| F | ACTION (1) DEL | BEGINNING DATE (2) | ENDING DATE (3) | HOURS (4) | SHARE/COST (5) | RAT: (6) | SPLIT SHIFT (7) | (8) |
| G | (1) DEL | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| H | (1) DEL | (2) | (3) | (4) | (5) | (6) | (7) | (8) |

| | | |
|-------------------|------|---------|
| COUNTY VALIDATION | | |
| AUTHORIZATION | DATE | REMARKS |
| VALIDATION | DATE | REMARKS |

SOC 312 - IN-HOME SUPPORTIVE SERVICES SPECIAL PRE-
AUTHORIZATION TRANSACTIONS

A SOC 312 is to be used in tandem with a SOC 293 for recipient underpayments only effective May 1, 1984 for recipients with non-spouse providers and August 1, 1981 for recipients with spouse providers.

- o If there is an open recipient case record DO NOT initiate a new SOC 293 Status J.
- o If there is no open recipient case record DO initiate a new SOC 293 Status J.

Recipient:

Field 1 Number - Required

Enter the 2 digit County number, 7 digit recipient number and 1 digit check digit.

Supplement/Emergency:

If there are breaks in the underpayment period, or different individual provider hourly wages (refer to Field 10), a separate SOC 312 must be completed for each period.

Field 3 Type - Required

Enter X - which indicates no employee tax deductions.

Field 4 Reason - Required

Enter code 09 - which indicates a Miller v. Woods prior underpayment.

Field 6 From Date - Required

Enter the beginning date of the underpayment.

Field 7 To Date - Required

Enter the end date of the underpayment.

Field 8 Gross - Required

Enter the gross dollar/cents amount of the underpayment.

Field 9 Hours - Required

Enter the number of hours included in the underpayment.

Field 10 Rate - Required

Enter the hourly pay rate used to compute the gross amount.

A table is attached which includes the County lowest individual provider hourly wage from April 1979.

Authorized By:

Field 35 - Number - Required

Enter the County authorization number.

Payee:

Field 36 Name - Optional

Enter the recipient's name for identification purposes.

IN—HOME SUPPORTIVE SERVICES SPECIAL PRE—AUTHORIZED TRANSACTIONS

RECIPIENT

1. NUMBER

COUNTY CASE NUMBER CHECK DIGIT

PROVIDER

2. NUMBER

**1 — SUPPLEMENT/
EMERGENCY**

| | | | | | | | | | |
|--------------|--|-------------|--|----------|--|----------|--|----------------|--|
| 3. TYPE | | 4. REASON | | 5. NOA | | REASON | | CODES | |
| | | | | M C N | | | | | |
| 6. FROM DATE | | 7. TO DATE | | 8. GROSS | | 9. HOURS | | 10. RATE | |
| M M D D Y Y | | M M D D Y Y | | | | | | 11. SHARE/COST | |
| | | | | | | | | | |

2 — REPLACEMENT

| | | | |
|----------------|--|------------------|--|
| 12. TYPE | | 13. REASON | |
| | | | |
| 14. WARRANT # | | 15. WARRANT DATE | |
| | | M M D D Y Y | |
| | | | |
| 16. NET AMOUNT | | | |

3 — VOID WARRANT

| | | | |
|----------------|--|------------------|--|
| 17. TYPE | | 18. REASON | |
| | | | |
| 19. WARRANT # | | 20. WARRANT DATE | |
| | | M M D D Y Y | |
| | | | |
| 21. NET AMOUNT | | | |

4 — ADJUSTMENT

| | | | |
|------------------|--|----------------|--|
| 22. TYPE | | 23. REASON | |
| | | | |
| 24. WARRANT # | | 25. PAY PERIOD | |
| | | M M D D Y Y | |
| | | | |
| 26. GROSS AMOUNT | | 27. F.I.C.A. | |
| | | | |
| 28. S.D.I. | | | |
| | | | |
| 29. FED | | 30. STATE | |
| | | | |
| 31. EIC | | 32. SOC | |
| | | | |
| 33. NET | | 34. HOURS | |
| | | | |

**AUTHORIZED
BY**

35. NUMBER

PAYEE

36. NAME

COUNTY VALIDATION

| | | | | | |
|-------------------|--|----------|--|-------------|--|
| 37. AUTHORIZATION | | 38. DATE | | 39. REMARKS | |
| | | | | | |
| 40. VALIDATION | | 41. DATE | | 42. REMARKS | |
| | | | | | |

C O U N T Y D E F U L T R A T E S

| COUNTY NO. | COUNTY NAME | 1979 | 1980 | JAN 1981 JUN 1982 | JUL 1982 JUN 1983 | JUL 1983 JUN 1984 | JUL 1984 JUN 1985 |
|---------------|-----------------|------|------|----------------------|----------------------|----------------------|----------------------|
| 01 | ALAMEDA | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 02 | ALPINE | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 03 | AMADOR | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.55 |
| 04 | BUTTE | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 05 | CALAVERAS | 2.90 | 3.10 | 3.50 | 3.50 | 3.50 | 3.60 |
| 06 | COLUSA | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 07 | CONTRA COSTA | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 08 | DEL NORTE | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 09 | EL DORADO | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 10 | FRESNO | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.55 |
| 11 | GLENN | 2.90 | 3.10 | 3.35 | 3.35 | 3.50 | 3.60 |
| 12 | HUMBOLDT | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 13 | IMPERIAL | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 14 | INYO | 2.90 | 3.10 | 3.35 | 3.50 | 3.60 | 3.65 |
| 15 | KERN | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 16 | KINGS | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 17 | LAKE | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 18 | LASSEN | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.52 |
| 19 | LOS ANGELES | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 20 | MADERA | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 21 | MARIN | 4.50 | 4.50 | 4.50 | 4.50 | 4.60 | 4.70 |
| 22 | MARIPOSA | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 23 | MENDOCINO | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 24 | MERCED | 2.90 | 3.10 | 3.35 | 4.24 | 4.24 | 4.37 |
| 25 | MODOC | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 26 | MONO | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 27 | MONTEREY | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 28 | NAPA | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 29 | NEVADA | 2.90 | 3.10 | 3.35 | 3.85 | 3.97 | 4.09 |
| 30 | ORANGE | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 31 | PLACER | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 32 | PLUMAS | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 33 | RIVERSIDE | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 34 | SACRAMENTO | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 35 | SAN BENITO | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 36 | SAN BERNARDINO | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 37 | SAN DIEGO | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 38 | SAN FRANCISCO | 3.06 | 3.45 | 3.61 | 3.61 | 3.71 | 3.82 |
| 39 | SAN JOAQUIN | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 40 | SAN LUIS OBISPO | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 41 | SAN MATEO | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 42 | SANTA BARBARA | 2.90 | 3.98 | 3.98 | 3.98 | 3.98 | 4.10 |
| 43 | SANTA CLARA | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.57 |
| 44 | SANTA CRUZ | 2.90 | 3.25 | 4.00 | 4.00 | 4.12 | 4.24 |
| 45 | SHASTA | 2.90 | 3.10 | 3.35 | 3.62 | 3.73 | 3.84 |
| 46 | SIERRA | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 47 | SISKIYOU | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 48 | SOLANO | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 49 | SONOMA | 2.90 | 3.10 | 4.00 | 4.00 | 4.00 | 4.12 |
| 50 | STANISLAUS | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 51 | SUTTER | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 52 | TEHAMA | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 53 | TRINITY | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 54 | TULARE | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 55 | TUOLUMNE | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 56 | VENTURA | 2.90 | 3.10 | 3.35 | 3.35 | 3.45 | 3.55 |
| 57 | YOLO | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |
| 58 | YUBA | 2.90 | 3.10 | 3.35 | 3.35 | 3.35 | 3.45 |

C O U N T Y D E F A U L T R T E S

| COUNTY NO. | COUNTY NAME | JUL 1985 JUN 1986 | JUL 1986 JUN 1987 | JUL 1987 JUN 1988 | JUL 1988 JUN 1989 |
|---------------|-----------------|----------------------|----------------------|----------------------|----------------------|
| 01 | ALAMEDA | 3.58 | 3.61 | 3.61 | 4.25 |
| 02 | ALPINE | 3.58 | 3.61 | 3.61 | 4.25 |
| 03 | AMADOR | 3.69 | 3.72 | 3.72 | 4.25 |
| 04 | BUTTE | 3.58 | 3.61 | 3.61 | 4.25 |
| 05 | CALAVERAS | 3.74 | 3.77 | 3.77 | 4.25 |
| 06 | COLUSA | 3.58 | 3.61 | 3.61 | 4.25 |
| 07 | CONTRA COSTA | 3.58 | 3.61 | 3.61 | 4.25 |
| 08 | DEL NORTE | 3.69 | 3.72 | 3.72 | 4.25 |
| 09 | EL DORADO | 3.58 | 3.61 | 3.61 | 4.25 |
| 10 | FRESNO | 3.69 | 3.72 | 3.72 | 4.25 |
| 11 | GLENN | 3.74 | 3.77 | 3.77 | 4.25 |
| 12 | HUMBOLDT | 3.58 | 3.61 | 3.61 | 4.25 |
| 13 | IMPERIAL | 3.69 | 3.72 | 3.72 | 4.25 |
| 14 | INYO | 3.79 | 3.82 | 3.82 | 4.25 |
| 15 | KERN | 3.69 | 3.72 | 3.72 | 4.25 |
| 16 | KINGS | 3.58 | 3.61 | 3.61 | 4.25 |
| 17 | LAKE | 3.69 | 3.72 | 3.72 | 4.25 |
| 18 | LASSEN | 3.66 | 3.69 | 3.69 | 4.25 |
| 19 | LOS ANGELES | 3.69 | 3.72 | 3.72 | 4.25 |
| 20 | MADERA | 3.69 | 3.72 | 3.72 | 4.25 |
| 21 | MARIN | 4.88 | 4.92 | 4.92 | 4.92 |
| 22 | MARIPOSA | 3.69 | 3.72 | 3.72 | 4.25 |
| 23 | MENDOCINO | 3.69 | 3.72 | 3.72 | 4.25 |
| 24 | MERCED | 4.74 | 4.78 | 4.78 | 4.78 |
| 25 | MODOC | 3.69 | 3.72 | 3.72 | 4.25 |
| 26 | MONO | 3.58 | 3.61 | 3.61 | 4.25 |
| 27 | MONTEREY | 3.58 | 3.61 | 3.61 | 4.25 |
| 28 | NAPA | 3.69 | 3.72 | 3.72 | 4.25 |
| 29 | NEVADA | 4.25 | 4.29 | 4.29 | 4.29 |
| 30 | ORANGE | 3.69 | 3.72 | 3.72 | 4.25 |
| 31 | PLACER | 3.58 | 3.61 | 3.61 | 4.25 |
| 32 | PLUMAS | 3.69 | 3.72 | 3.72 | 4.25 |
| 33 | RIVERSIDE | 3.69 | 3.72 | 3.72 | 4.25 |
| 34 | SACRAMENTO | 3.69 | 3.72 | 3.72 | 4.25 |
| 35 | SAN BENITO | 3.69 | 3.72 | 3.72 | 4.25 |
| 36 | SAN BERNARDINO | 3.69 | 3.72 | 3.72 | 4.25 |
| 37 | SAN DIEGO | 3.74 | 3.77 | 3.77 | 4.25 |
| 38 | SAN FRANCISCO | 3.97 | 4.00 | 4.00 | 4.25 |
| 39 | SAN JOAQUIN | 3.69 | 3.72 | 3.72 | 4.25 |
| 40 | SAN LUIS OBISPO | 3.58 | 3.61 | 3.61 | 4.25 |
| 41 | SAN MATEO | 3.69 | 3.72 | 3.72 | 4.25 |
| 42 | SANTA BARBARA | 4.26 | 4.30 | 4.30 | 4.30 |
| 43 | SANTA CLARA | 3.71 | 3.74 | 3.74 | 4.25 |
| 44 | SANTA CRUZ | 4.40 | 4.44 | 4.44 | 4.44 |
| 45 | SHASTA | 3.99 | 4.02 | 4.02 | 4.25 |
| 46 | SIERRA | 3.69 | 3.72 | 3.72 | 4.25 |
| 47 | SISKIYOU | 3.58 | 3.61 | 3.61 | 4.25 |
| 48 | SOLANO | 3.69 | 3.72 | 3.72 | 4.25 |
| 49 | SONOMA | 4.28 | 4.32 | 4.32 | 4.32 |
| 50 | STANISLAUS | 3.69 | 3.72 | 3.72 | 4.25 |
| 51 | SUTTER | 3.58 | 3.61 | 3.61 | 4.25 |
| 52 | TEHAMA | 3.58 | 3.61 | 3.61 | 4.25 |
| 53 | TRINITY | 3.58 | 3.61 | 3.61 | 4.25 |
| 54 | TULARE | 3.69 | 3.72 | 3.72 | 4.25 |
| 55 | TUOLUMNE | 3.69 | 3.72 | 3.72 | 4.25 |
| 56 | VENTURA | 3.69 | 3.72 | 3.72 | 4.25 |
| 57 | YOLO | 3.58 | 3.61 | 3.61 | 4.25 |
| 58 | YUBA | 3.58 | 3.61 | 3.61 | 4.25 |

ELIGIBILITY DETERMINATION WORKSHEET

The Eligibility Determination Worksheet was designed to be completed manually. However, CMIPS will compute much of the data and a printout will be printed at County print sites. The printout will include:

- o a month by month breakdown of hours claimed
- o amount claimed
- o difference between amount claimed and amount originally authorized
- o amount of past due wages
- o amount of interest to be paid.

An example of the Eligibility Determination Worksheet is attached with those columns checked that must be completed by County staff:

Column 1 - Month/Year Claimed: Enter MM YY

Column 2 - Class Eligible: Yes/No: Enter Y or N

Column 3 - Hours Claimed: Enter hours to the nearest tenth

Column 5 - Amount Originally Authorized: Enter dollar amount

Column 6 - NSI/SI: Check whether applicant/recipient non-severely impaired or severely impaired

When the Worksheet printout is reviewed by the County staff and a determination made that the printout is accurate, enter a County authorization number, and NOA Code(s) on the bottom of the Worksheet. That information can then be entered on the Eligibility Determination Worksheet screen which will then generate three copies of the Worksheet, a Notice of Action and warrants, when applicable.

The original printout and a copy of the second printout shall be filed in the recipient case record file and two copies attached to the appropriate Notice of Action when it is mailed to the recipient.

- o The Worksheet screen will be identified as:

HIHXWKSJ

[illegible]

MILLER V. WOODS ELIGIBILITY DETERMINATION WORKSHEET

PROVIDER'S NAME: LASTNAME, FIRSTNAME
 RECIPIENT'S NAME: LASTNAME, FIRSTNAME

SOCIAL SECURITY #: 999-99-9999
 CASE NUMBER: 99-9999999-9

| COL 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------------|-------|-----------|------------|--------|----------|---------|------------|----------|----------|
| MO/YR CLASS | HOURS | AMT CLAIM | AMT | ST MAX | LESS AMT | LESS OF | AMT DUE: | INTRST | TOTAL |
| CLAIM | ELIG | CLAIM | HRS X RATE | AUTH | (N/S) | AUTH | COL 4 OR 7 | 7%/10% | AMT DUE |
| MM/YY | Y | 999.9 | 9,999.99 | 999.99 | N | 999.99 | 999.99 | 9,999.99 | 9,999.99 |
| MM/YY | Y | 999.9 | 9,999.99 | 999.99 | N | 999.99 | 999.99 | 9,999.99 | 9,999.99 |

TOTAL FOR 1979 \$9,999.99 \$99,999.99 \$99,999.99

| | | | | | | | | | |
|-------|---|-------|----------|--------|---|--------|--------|----------|----------|
| MM/YY | Y | 999.9 | 9,999.99 | 999.99 | N | 999.99 | 999.99 | 9,999.99 | 9,999.99 |
| MM/YY | Y | 999.9 | 9,999.99 | 999.99 | N | 999.99 | 999.99 | 9,999.99 | 9,999.99 |

TOTAL FOR 1980 \$9,999.99 \$99,999.99 \$99,999.99

GRAND TOTAL \$9,999.99 \$99,999.99 \$99,999.99

AUTHORIZATION NOA
 NUMBER _____ CODES: _____

CLAIMANT WARRANTS

Each approved claimant will receive two warrants:

- o one will include past wages due and the warrant stub will reflect the employee taxes withheld;
- o one will include only the interest paid on the past wages due and the warrant stub will reflect that the warrant is for interest due only.

A statement on the bottom of the Notice of Action advises claimants that:

"The amount of money you receive as a result of this claim may affect your continuing eligibility for certain programs including, but not limited to: In-Home Supportive Services (IHSS), Aid to Families with Dependent Children (AFDC), Medi-Cal, Food Stamps (FS), Supplemental Security Income and State Supplementary Program (SSI/SSP) and Veterans Benefits. Please contact the worker shown below for additional information on how this money can be spent."

This statement is made because some claimants may receive lump sums great enough to exceed the exempt resource levels of a program for which they currently qualify. Per Miller v. Woods regulations, those lump sums will be disregarded as income/resources for the month received and for the month after received as applied to State programs.

To avoid causing ineligibility because claimants do not have adequate time to dispose of those lump sums, Miller v. Woods warrants will only be mailed to be received by the claimants before the tenth day of the month.

- o Authorizations for warrants entered by the fifth of the month will meet the mailing criteria.
- o Otherwise, authorizations for warrants will be held on a special CMIPS tape until the fifth of the following month.
- o The intent is to provide at least six to seven weeks for the claimants to make a reasonable decision how they wish to dispose of the funds they receive.

THE IHSS WORKER SHALL NOT ATTEMPT TO EXPLAIN HOW LUMP SUMS MAY IMPACT ELIGIBILITY FOR OTHER PROGRAMS. ADVISE THE CLAIMANT TO CONTACT THE PROPER PROGRAM REPRESENTATIVE FOR CORRECT PROGRAM INFORMATION.

NOTICES OF ACTION

A Notice of Action must be sent to each claimant (provider or recipient) whenever:

- o a claim is approved
- o a claim is denied
- o a document is returned to the claimant requesting that the document be completed
- o an additional document is sent to the claimant.

Specific Notice of Action messages have been designed for provider or recipient actions:

Provider NOA messages are numbered 800 through 821. The purpose of each message is identified.

- o NOA message 821 is to be used in TANDEM with any adverse action NOA message used when a County has contradictory information in its possession.

All provider Notice of Action message codes are to be entered on the SOC 311 in Fields F8, G8 and H8. Enter more than one code per field if necessary.

Applicant/Recipient NOA messages are numbered 830 through 852. The purpose of each message is identified.

- o NOA message 851 is to be used in TANDEM with any adverse action NOA message used when a County has contradictory information in its possession.

All applicant/recipient Notice of Action message codes are to be entered on the SOC 293 in Field ZZ2.

All Notices of Action will be returned to the worker for completion.

Notices of Action will be automated but only the original claim date and the recipient's name will be "plugged" in the message blanks. County workers will be responsible for filling in other information and, when necessary, adding information onto the Notice of Action.

The Notice of Action Date WILL NOT be printed on the Notice of Action. Remember to fill in that date when mailed the NOA to the claimant.

- o Remember to attach two copies of the Miller v. Woods eligibility Determination Worksheet printout to the appropriate Notice of Action before mailing.
- o See Claimant Warrants instruction for additional Notice of Action information.

County transfers:

When the first County cannot process a claim and forwards the claim to a second County, use provider NOA message 800 (applicant/recipient NOA message 830) if there is only one County. If more than one County is identified, also use provider NOA message(s) 801, 802 and 803 (applicant/recipient NOA message(s) 831, 832 and 833) to advise the claimant what Counties (s)he will hear from.

- o If the first County will process any of the claim period(s), also enter a NOA message code 990 which will tell CMIPS that the claim being transferred is also to remain in a pending application status in the first County.

It will be necessary for the first County to make copies of the claim and other documents, if applicable, plus the Notice of Action for each second County.

NOTICE OF ACTION-

Note: This notice relates ONLY to your Social Services.

KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.

YOUR
ADDRESS
ICE

Sacramento County Social Services
744 P Street
Sacramento, CA 95814

IF REQUESTING A STATE HEARING, PLEASE SEND TO:

Sacramento County Social Services
P.O. Box 1212
Sacramento, CA 95825

Tom Jones
111 Any Street
Any Town, CA 95814

Case Number

1201234567/234567

Date Mailed

The following action(s) is supported by Federal Law (Social Security Act), State Law (Welfare and Institutions Code), Federal Regulations (Code of Federal Regulations), State Regulations (California Administrative Code and State Department of Social Services Manual of Policies and Procedures) and Court Order: MPP 50-018.315; MPP 50-018.541; MPP 50-018.542
Effective 10/10/88 we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services applicant/recipient Mary Jones for the period of _____ through _____, _____ through _____, _____ through _____.

Considering any supplemental documents we may have requested from you, your claim is denied because the person you claim you provided protective supervision services for was not financially eligible for In-Home Supportive Services during the claim period(s) because:

You have until _____ to rebut the information on which the denial is based. After that date this denial will stand.

The amount of money you receive as a result of this claim may affect your continuing eligibility for certain programs including, but not limited to: In-Home Supportive Services (IHSS), Aid to Families with Dependent Children (AFDC), Medi-Cal, Food Stamps (FS), Supplemental Security Income and State Supplementary Program (SSI/SSP) and Veterans Benefits. Please contact the worker shown below for additional information on how this money can be spent.

If you need assistance with translation of this notice, or if you have any questions or think additional facts should be considered, please contact the worker shown below.

Case Office: 01 Service Worker: Roberta Christensen

SW #: RCRC Telephone: (916) 323-6341

YOU HAVE THE RIGHT TO FILE A WRITTEN OR ORAL REQUEST FOR A STATE HEARING. PLEASE SEND YOUR WRITTEN REQUEST TO THE COUNTY ADDRESS ON THE TOP RIGHT HAND CORNER OF THIS FORM.

PROVIDER - STANDARD CLAIM: COUNTY TRANSFER

800. MPP 50-018.325, MPP 50-018.328(a)

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services applicant/recipient _____ for the period of _____ through _____, _____ through _____, _____ through _____.

Your claim for the period _____ through _____ must be processed by the County where the recipient resided during the period claimed. Your claim form has been forwarded to _____ County which will contact you within 30 days.

(Additional messages are numbered 801, 802 and 803 to repeat the second paragraph to accommodate more than one county transfer.)

PROVIDER - STANDARD CLAIM: COUNTY TRANSFER (USE IF MORE THAN ONE COUNTY TRANSFER)

801. MPP 50-801.325, MPP 50-018.328(a)

Your claim for the period _____ through _____ must be processed by the County where the recipient resided during the period claimed. Your claim form has been forwarded to _____ County which will contact you within 30 days.

PROVIDER - STANDARD CLAIM: COUNTY TRANSFER (USE IF MORE THAN ONE COUNTY TRANSFER)

802. MPP 50-801.325, MPP 50-018.328(a)

Your claim for the period _____ through _____ must be processed by the County where the recipient resided during the period claimed. Your claim form has been forwarded to _____ County which will contact you within 30 days.

PROVIDER - STANDARD CLAIM: COUNTY TRANSFER (USE IF MORE THAN ONE
COUNTY TRANSFER)

803. MPP 50-801.325, MPP 50-018.328(a)

Your claim for the period _____ through _____ must
be processed by the County where the recipient resided
during the period claimed. Your claim form has been
forwarded to _____ County which will contact
you within 30 days.

PROVIDER - STANDARD CLAIM: INCOMPLETE

804. MPP 50-018.314, MPP 50-018.328(b), MPP 50-018.333,
MPP 50-018.421.

Effective _____ we received a Miller v. Woods claim
that you provided protective supervision services to In-
Home Supportive Services applicant/recipient
_____ for the period of _____ through
_____, _____ through _____,
_____ through _____. We cannot process your claim
without additional information.

The Standard Claim Form is being returned to you with
Sections ___, ___, ___, ___, ___ checked which need to be
completed. If other information is needed, you will find
specific requests listed below.

You must return this form to us by _____ or your claim
will be denied.

PROVIDER - SUPPLEMENTAL CLAIM: INITIAL

805. MPP 50-018.441, MPP 50-018.452

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services applicant/recipient _____ for the period of _____ through _____, _____ through _____, _____ through _____. We cannot process your claim without additional information.

A Supplemental Claim Form is sent to you requesting additional information necessary to complete your claim. You must return this form to us by _____ or your claim will be denied.

PROVIDER - SUPPLEMENTAL CLAIM: INCOMPLETE

806. MPP 50-018.444

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services applicant/recipient _____ for the period of _____ through _____, _____ through _____, _____ through _____. We cannot process your claim without additional information.

The Supplemental Claim Form is being returned to you with Sections ____, ____, ____, ____, ____ checked which need to be completed. You must return this form to us by _____ or your claim will be denied.

PROVIDER - APPROVAL

807. MPP 50-018.631

Effective _____ we received a Miller v. Woods claim
that you provided protective supervision services to In-
Home Supportive Services applicant/recipient
_____ for the period of _____
through _____, _____ through _____,
_____ through _____.

Considering any supplemental documents we may have
requested from you, your claim is approved in the amount of
\$ _____ past due wages and \$ _____ interest.

The attached computation of wages and interest will tell
you how your gross wages and interest were figured. Social
Security and State Disability Insurance taxes may be
withheld from your past due wages. INCOME TAX MAY NOT BE
WITHHELD IF YOU DO NOT HAVE A CURRENT W-4 TAX WITHHOLDING
REQUEST ON FILE WITH THE IHSS PROGRAM. The check(s) you
receive will tell you what deductions, if any, have been
made.

Your check(s) will be mailed to you within the next 30
days. Please carefully review the information you receive.

PROVIDER - PARTIAL APPROVAL/DENIAL

808. MPP 50-018.315, MPP 50-018.434, MPP 50-018.463,
MPP 50-018.531, MPP 50-018.532, MPP 50-018.533,
MPP 50-018.541, MPP 50-018.542, MPP 50-018.631.

Effective _____ we received a Miller v Woods
claim that you provided protective supervision services to
In-Home Supportive Services applicant/recipient
_____ for the period of _____ through
_____, _____ through _____, _____ through _____.
Your claim is approved in part and denied in part.

That part of your claim that is approved equals the amount
of \$_____ past due wages and \$_____ interest.

The attached computation of wages and interest will tell
you how your gross wages and interest were figured. Social
Security and State Disability Insurance taxes may be
withheld from your past due wages. INCOME TAX MAY NOT BE
WITHHELD IF YOU DO NOT HAVE A CURRENT W-4 TAX WITHHOLDING
REQUEST ON FILE WITH THE IHSS PROGRAM. The check(s) you
receive will tell you what deductions, if any, have been
made.

Your check(s) will be mailed to you within the next 30
days. Please carefully review the information you receive.

That part of your claim that is denied is based on the
following information:

PROVIDER - DENIAL: LATE FILE

809. MPP 50-018.326

Effective _____ we received a Miller v. Woods claim
that you provided protective supervision services to In-
Home Supportive Services applicant/recipient
_____ for the period of _____
through _____, _____ through _____, _____ through _____.

Your claim is denied because it has been filed after the
final filing date of _____.

PROVIDER - DENIAL: STANDARD CLAIM NOT RETURNED

810. MPP 50-018.314(a)

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services applicant/recipient _____ for the period of _____ through _____, _____ through _____, _____ through _____.

Effective _____ you have failed to return the Standard Claim Form we returned to you for completion. Your Miller v. Woods claim is denied.

PROVIDER - DENIAL: STANDARD CLAIM RETURNED, INCOMPLETE

811. MPP 50-018.433(a)

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services recipient _____ for the period of _____ through _____, _____ through _____, _____ through _____.

A Standard Claim Form was returned to you with Sections ____', ____', ____', ____', ____' checked which needed to be completed.

You returned the standard claim form effective _____; however the claim is still not complete. Your Miller v. Woods claim is denied because:

PROVIDER - DENIAL: SUPPLEMENTAL CLAIM NOT RETURNED

812. MPP 50-018.445

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services applicant/recipient _____ for the period of _____ through _____, _____ through _____, _____ through _____.

Effective _____ you have failed to return the Supplemental Claim Form we returned to you for completion. Your Miller v. Woods claim is denied.

PROVIDER - DENIAL: SUPPLEMENTAL CLAIM RETURNED INCOMPLETE

813. MPP 50-018.444(a)

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services recipient _____ for the period of _____ through _____, _____ through _____, _____ through _____.

A Supplemental Claim Form was returned to you with Sections ____', ____', ____', ____', ____' checked which needed to be completed.

You returned the supplemental claim form effective _____; however the claim is still not complete. Your Miller v. Woods claim is denied because:

PROVIDER - DENIAL: FAILED CLASS MEMBERSHIP

814. MPP 50-018.331 (a)(b)

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services applicant/recipient _____ for the period _____ through _____, _____ through _____, _____ through _____.

You do not qualify as a Miller v. Woods class member because you are claiming you provided protective supervision services for periods other than April 1979 through May 1984 if a housemate or April 1979 through July 1981 if a spouse. Your claim is denied.

PROVIDER - DENIAL: FAILS CLASS MEMBERSHIP

815. MPP 50-018.531, MPP 50-018.532

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services for In-Home Supportive Services applicant/recipient _____ for the period of _____ through _____, _____ through _____, _____ through _____.

Your claim is denied because those services have already been paid by the County as part of authorized In-Home Supportive Services. The attached computation of hours and payment will tell you how these services and their cost were figured.

PROVIDER - DENIAL: FAILS CLASS MEMBERSHIP

816. MPP 50-018.42(a)(1)

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services applicant/recipient _____ for the period of _____ through _____, _____ through _____, _____ through _____ You do not qualify as a Miller v. Woods class member because:

----- You did not live with a mentally ill, mentally impaired or confused person who would get hurt or injured if left alone.

----- You did not stay and watch out that the person did not get hurt or injured at any time from April 1979 to May 1984 if a housemate or April 1979 through July 1981 if a spouse.

----- You were not a relative, friend or spouse.

----- The person you claim you provided protective supervision services for did not receive In-Home Supportive Services at any time between April 1979 to May 1984 if a housemate or April 1979 through July 1981 if a spouse; and the person you claim you provided protective supervision services for was not denied In-Home Supportive Service benefits any time between April 1979 to May 1984 if a housemate or April 1979 to July 1981 if a spouse.

Your claim is denied.

PROVIDER - DENIAL: STATUTORY MAXIMUM

817. MPP 50-018.533

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services applicant/recipient _____ for the period of _____ through _____, _____ through _____, _____ through _____.

Your claim is denied because the recipient received services paid at the statutory maximum payment. The attached computation of hours and payment will tell you how these services and their cost were figured.

PROVIDER - DENIAL: FINANCIAL INELIGIBILITY

818. MPP 50-018.315, MPP 50-018.446, MPP 50-018.542 (b)

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services applicant/recipient _____ for the period of _____ through _____, _____ through _____, _____ through _____.

Considering any supplemental documents we may have requested from you, your claim is denied because the person you claim you provided protective supervision services for was not financially eligible for In-Home Supportive Services during the claim period(s) because:

PROVIDER - DENIAL: NO PROTECTIVE SUPERVISION NEED

819. MPP 50-018.463

Effective _____ we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services applicant/recipient _____ for the period of _____ through _____, _____ through _____, _____ through _____.

Considering any supplemental documents we may have requested from you, your claim is denied because the person you claim you provided protective supervision services for was assessed as not having a need to those services because:

PROVIDER - DENIAL: IF REBUTING DENIAL WITHIN 30 DAYS

820. MPP 50-018.41

We have reviewed the Miller v. Woods claim you filed _____ as a provider of In-Home Supportive Services for IHSS applicant/recipient _____ and have reconsidered the additional information you have provided since our denial Notice of Action dated _____. The denial of your claim stands because:

PROVIDER - DENIAL: CASE RECORD/OTHER INFORMATION 30 DAY
REBUTAL

821. MPP 50-018.633

You have until _____ to rebut the information on which the denial is based. After that date this denial will stand.

(Used in conjunction with all adverse actions when CWD has contradictory information in its possession.)

RECIPIENT - STANDARD CLAIM: COUNTY TRANSFER

830. MPP 50-018.325, MPP 50-018.328(a)

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services applicant/recipient for the period of _____ through _____, _____ through _____, _____ through _____.

Your claim for the period _____ through _____ must be processed by the County where you resided during the period claimed. Your claim form has been forwarded to _____ County which will contact you within 30 days.

Your claim for the period _____ through _____ must be processed by the County where you resided during the period claimed. Your claim form has been forwarded to _____ County which will contact you within 30 days.

[Additional messages are numbered 831, 832, 833 to repeat the second paragraph to accommodate more than one county transfer.]

RECIPIENT - STANDARD CLAIM: COUNTY TRANSFER (USE IF MORE THAN ONE
COUNTY TRANSFER)

831. MPP 50-018.325, MPP 50-018.328(a)

Your claim for the period _____ through _____ must be processed by the County where you resided during the period claimed. Your claim form has been forwarded to _____ County which will contact you within 30 days.

RECIPIENT - STANDARD CLAIM: COUNTY TRANSFER (USE IF MORE THAN ONE
COUNTY TRANSFER)

832. MPP 50-018.325, MPP 50-018.328(a)

Your claim for the period _____ through _____ must be
processed by the County where you resided during the period
claimed. Your claim form has been forwarded to _____
County which will contact you within 30 days.

RECIPIENT - STANDARD CLAIM: COUNTY TRANSFER (USE IF MORE THAN ONE
COUNTY TRANSFER)

833. MPP 50-018.325, MPP 50-018.328(a)

Your claim for the period _____ through _____ must be
processed by the County where you resided during the period
claimed. Your claim form has been forwarded to _____
County which will contact you within 30 days.

RECIPIENT - STANDARD CLAIM: INCOMPLETE

834. MPP 50-018.314, MPP 50-018.328(b), MPP 50-018.333,
MPP 50-018.421(b)

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services applicant/recipient for the period of _____ through _____, _____ through _____, _____ through _____. We cannot process your claim without additional information.

The Standard Claim Form is being returned to you with Sections _____, _____, _____, _____, _____ checked which need to be completed. If other information is needed, you will find specific requests listed below.

You must return this form to us by _____ or your claim will be denied.

RECIPIENT - SUPPLEMENTAL CLAIM

835. MPP 50-018.441, MPP 50-018.452

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services applicant/recipient for the period of _____ through _____, _____ through _____, _____ through _____. We cannot process your claim without additional information.

A Supplemental Claim Form is sent to you requesting additional information necessary to complete your claim. You must return this form to us by _____ or your claim will be denied.

RECIPIENT - SUPPLEMENTAL CLAIM: INCOMPLETE

836. MPP 50-018.444

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services applicant/recipient for the period of _____ through _____, _____ through _____, _____ through _____. We cannot process your claim without additional information.

The Supplemental Claim Form is being returned to you with Sections _____, _____, _____, _____, _____ checked which need to be completed.

You must return this form to us by _____ or your claim will be denied.

RECIPIENT - APPROVAL

837. MPP 50-018.631

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-home Supportive Services recipient for the period of _____ through _____, _____ through _____, _____ through _____.

Considering any supplemental information we may have requested from you, your claim is approved in the amount of \$_____ paid wages and \$_____ interest. The attached computation of paid wages and interest will tell you how these amounts of money were figured. You will receive payment for these amounts in the mail.

Your check(s) will be mailed to you within the next 30 days. Please carefully review the information you receive.

RECIPIENT- PARTIAL APPROVAL/DENIAL

838. MPP 50-018.434, MPP 50-018.531, MPP 50-018.532,
MPP 50-018.533, MPP 50-018.541, MPP 50-018.542,
MPP 50-018.543, MPP 50.018.631

Effective _____ we received a Miller v. Woods claim
that you paid for protective supervision services as an In-
Home Supportive Services recipient for the period of
_____ through _____, _____ through _____,
_____ through _____. Your claim is approved in part
and denied in part.

That part of your claim that is approved equals the amount
of \$_____ paid wages and \$_____ interest. The
attached computation of paid wages and interest will tell
you how these amounts of money were figured. You will
receive a check(s) in the mail.

Your check(s) will be mailed to you within the next 30
days. Please carefully review the information you receive.

That part of your claim that is denied is based on the
following information:

RECIPIENT - DENIAL: LATE FILE

839. MPP 50-018.326

Effective _____ we received a Miller v. Woods claim
that you paid for protective supervision services as an In-
Home Supportive Services applicant/recipient for the period
of _____ through _____, _____ through _____,
_____ through _____.

You claim is denied because it has been filed after the
final filing date of _____.

RECIPIENT - DENIAL: STANDARD CLAIM NOT RETURNED

840. MPP 50-018.314(a)

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services applicant/recipient for the period of _____ through _____, _____ through _____, _____ through _____.

Effective _____ you have failed to return the Standard Claim Form we returned to you for completion. Your Miller v. Woods claim is denied.

RECIPIENT - DENIAL: STANDARD CLAIM RETURNED, INCOMPLETE

841. MPP 50-018.433(a)

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services recipient for the period of _____ through _____, _____ through _____, _____ through _____.

A Standard Claim Form was returned to you with Sections ____', ____', ____', ____', ____' checked which needed to be completed.

You returned the standard claim form effective _____; however the claim is still not complete. Your Miller v. Woods claim is denied because:

RECIPIENT - DENIAL: SUPPLEMENTAL CLAIM NOT RETURNED

842: MPP 50-018.445

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services recipient for the period of _____ through _____, _____ through _____, _____ through _____.

Effective _____ you have failed to return the Supplemental Claim Form we returned to you for completion. Your Miller v. Woods claim is denied.

RECIPIENT - DENIAL: SUPPLEMENTAL CLAIM RETURNED, INCOMPLETE

843. MPP 50-018.444(a)

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services recipient for the period of _____ through _____, _____ through _____, _____ through _____.

A Supplemental Claim Form was returned to you with Sections ____', ____', ____', ____', ____' checked which needed to be completed.

You returned the Supplemental Claim Form effective _____; however the claim is still not complete. Your Miller v. Woods claim is denied because:

RECIPIENT - DENIAL: FAILS CLASS MEMBERSHIP

844. MPP 50-018.331 (a)(b)

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services applicant/recipient for the period of _____ through _____, _____ through _____, _____ through _____.

You do not qualify as a Miller v. Woods class member because you are claiming a need for protective supervision services for periods other than April 1979 to May 1984 while living with a housemate or April 1979 through July 1981 while living with a spouse. Your claim is denied.

RECIPIENT - DENIAL: FAILS CLASS MEMBERSHIP

845. MPP 50-018.531, MPP 50-018.532

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services applicant/recipient for the period of _____ through _____, _____ through _____, _____ through _____.

Your claim is denied because those services have already been paid by the County as part of authorized In-Home Supportive Services. The attached computation of hours and payment will tell you how these services and their cost were figured.

RECIPIENT - DENIAL: FAILS CLASS MEMBERSHIP

846. MPP 50-018.42(a)(1)

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services applicant/recipient for the period of _____ through _____, _____ through _____, _____ through _____. You do not qualify as a Miller v. Woods class member because:

----- You were not a mentally ill, mentally impaired or confused person who would get hurt or injured if left alone.

----- It was not necessary for someone to stay and watch that you did not get hurt or injured at any time from April 1979 to May 1984 if living with a housemate or April 1979 through July 1981 if living with a spouse.

----- You did not live with a relative, friend or spouse.

----- You did not receive In-Home Supportive Services at any time between April 1979 to May 1984 if living with a housemate or April 1979 through July 1981 if living with a spouse; and you were not denied In-Home Supportive Services any time between April 1979 to May 1984 if living with a housemate or April 1979 to July 1981 if living with a spouse.

Your claim is denied.

RECIPIENT - DENIAL: STATUTORY MAXIMUM

847. MPP 50-018.533

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services recipient for the period of _____ through _____, _____ through _____, _____ through _____.

Your claim is denied because you received services paid at the statutory maximum payment. The attached computations of hours and payment will tell you how these services and their cost were figured.

RECIPIENT - DENIAL: FINANCIAL INELIGIBILITY

848. MPP 50-018.446, MPP 50-018.542(b)

Effective _____ we received a Miller v. Woods claim that you paid protective supervision services as an In-Home Supportive Services applicant/recipient for the period of _____ through _____, _____ through _____, _____ through _____.

Considering any supplemental documents we may have requested from you, your claim is denied because you were not financially eligible for In-home Supportive Services during the claim period(s) because:

RECIPIENT - DENIAL: NO PROTECTIVE SUPERVISION NEED

849. MPP 50-018.463

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services applicant/provider for the period of _____ through _____, _____ through _____, _____ through _____.

Considering any supplemental information we may have requested from you, your claim is denied because you were not assessed as having a need for protective supervision services because:

RECIPIENT - DENIAL: IF REBUTING DENIAL WITHIN 30 DAYS

850. MPP 50-018.41

We have reviewed the Miller v. Woods claim you filed _____ as a recipient of In-Home Supportive Services and have reconsidered the additional information you have provided since our denial Notice of Action dated _____. The denial of your claim stands because:

RECIPIENT - DENIAL: CASE RECORD/OTHER INFORMATION 30 DAY REBUTAL

851. MPP 50-018.633

You have until _____ to rebut the information on which the denial is based. After that date this denial will stand.

(Used in conjunction with all adverse actions when CWD has contradictory information in its possession.)

RECIPIENT - UNDERPAYMENT APPROVAL/DENIAL: FAILED CLASS MEMBERSHIP

852. MPP 50-018.332, MPP 50-018.411

Effective _____ we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services applicant/recipient for the period of _____ through _____, _____ through _____, _____ through _____.

You do not qualify as a Miller v. Woods class member because you are claiming a need for protective supervision for periods other than April 1979 to May 1984 while living with a housemate or April 1979 through July 1981 while living with a spouse. Your Miller v. Woods claim is denied.

However, we do find that you were in need of protective services for the following periods and will receive an underpayment adjustment check.

Your check will be mailed to you within the next 30 days. Please carefully review the information you receive.